FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees. THICS AND for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

PM 4: 04

Parties must be filed electronically.

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COMMITTEE NAME (Must be same as on Statement of O	rganization)	Ī	
Friends of Jason Schultz	•	1	FORM
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Ca Subdivision Candidate (8) County PAC (9) City PAC (10) Scholl 1) Local Ballot Issue	(2)State PAC (3)State Party	Ē	DR-2 Rev. 12/2009) DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:		<b>-</b>	omm.#
Candidate Name Jason Schultz	Political Party (if applicable) Republican		ogged in
Office Sought			omputer
State Representative	District (if Senate or House) 55	^	udited
ate reports are subject to possible civil and criminal penalties. Indicate's committee, and the chairperson, for any other type of	Pursuant to lowa Code sections 68B.32A(7) of committee, is the individual responsible for	and 68/	A.401(3), the candidate, for a mely and accurate reports.
Lason Schult	712-269-2178 TELEPHONE	0	7-19-3010 DATE SIGNED
IGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
AM FILING A July 19th	REPORT FOR (1) ELECTION /(2	NON-	ELECTION YEAR.
(report date)			
]CHECK IF AMENDMENT TO REPORT DATED	Loc	ai Com	nitlees, enter Date of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is fik	ad ) [COI	inty & Li ch Elect	ocal Committees, enter County in ion is held
STATEMENT OF CASH ON HAM	ND		
ASH ON HAND at the beginning of the reporting period. (7			
committee. This amount MUST be the same as the	e cash on hand at the end	\$	5,810.38
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is  ADD TOTAL MONEY TAKEN IN THIS PERIOD	e cash on hand at the end	\$	5,810.38
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is ADD TOTAL MONEY TAKEN IN THIS PERIOD	e cash on hand at the end first report filed.)	-	5,810.38 560.00
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Reset Form

For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS				
CHECK THIS BOX IF AMENDING FORM					

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMIE AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOF FUND- RAISER INCOME
6-2-10	OK#5021	Iowa Health PAC 1775 90th St W. Des Moines, IA 50246		\$200	1
6-2-10	ID# CK# 1617	Jon Schuttinga 234 N IR <sup>th</sup> St Denison, IA 51442		100	1
6-2-10	ID# CK# 3318	Thomas Swanson 819 Courtright Mapleton, IA 51034		50	1
6-2-10	CK# 3281	Dixie Christiansen  Box 2  Delhom, IA 51440		10	1
7-6-10	ID# CK# cash	Dale Seiroe 109 W Main Ute, IA 51060		100	
7-6-10	CK# <sub>3645</sub>	Scott Bowker 1618 Northwood dr Denison, ia		100	
	CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
<u></u>			SUB-TOTAL		

TOTAL (if last page of this schedule)

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<sup>\*</sup> Disclosure taw requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.